

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
UTILITY PATENT APPLICATION TRANSMITTAL

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: DOUGLAS A. HETTRICK ET AL.
TITLE: CONTROL OF ATRIAL DEFIBRILLATION THERAPY BASED ON HEMODYNAMIC SENSOR FEEDBACK

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Mail Stop Patent Application, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450, *EXPRESS No. EV 331 791 965 US, on this 15th day of January, 2004.



MAIL STOP PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

MOLLY CHLEBECK
Printed Name Molly Chlebeck
Signature



Sir:

We are transmitting herewith the attached:

X Patent Application Transmittal

X Specification:

Total pages: 22 (including claims and abstract: Spec. 14 sheets; Claims 7 sheets; Abstract 1

X Drawings:

Total sheets: 5

☐ formal ☒ informal

☒ Combined Declaration and Power of Attorney:

☒ UNexecuted

☐ copy from prior application

☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))

☐ Incorporation by Reference - The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

X Accompanying application parts:

☐ Notification of filing a

☐ Assignment of the Invention to Medtronic, Inc.

☐ Assignment cover sheet

☐ Information Disclosure Statement

☐ PTO Form 1449

☐ Copies of IDS citations

☐ Preliminary Amendment

☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.

X Return Postcard

IF A CONTINUING APPLICATION:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application
No. .

☐ Amend the specification by inserting before the first line the sentence: --This application is a application Serial No. , filed , now allowed.-- f

☐ Cancel in this application original claims ____ of the prior application b for calculating the filing fee.
(At least th riginal independent claim must b r tained for filing purposes.)

☐ The pri r application is assign d of record to Medtronic, Inc.

☐ The Power of Attorn y in the pri r applicati n is to: __.

☐ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) _____, filed _____.

☒ Address all future correspondence to: Daniel G. Chapik, Reg. No. 43,424
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FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	42	20	= 22	x 18	\$396.00
Independent Claims	5	3	= 2	x 86	\$172.00
Multiple Dependent Claims	0			+ 290	
Basic Filing Fee					\$770.00
TOTAL					\$1,338.00

☒ Charge Deposit Account No. 13-2546 in the amount of **\$1,338.00** for the filing fee and extra claims fee.

☒ The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

Date

1/15/04



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